

IN THE UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF ALABAMA

Fill in this information to identify your case:

Debtor 1	<u>Timothy Harry Goffe, Sr.</u>		
	Name: First	Middle	Last
Debtor 2	<u>Linda Marie Goffe</u>		
(Spouse, if filing)	Name: First	Middle	Last
Case number:	<u>18-40052</u>		
(If known)			

Check if this is an amended plan ☒

Amends plan dated: 1/12/18

Part(s) amended:

- | | |
|--|---------------------------------|
| <input type="checkbox"/> Part 1 | <input type="checkbox"/> Part 5 |
| <input checked="" type="checkbox"/> Part 2 | <input type="checkbox"/> Part 6 |
| <input type="checkbox"/> Part 3 | <input type="checkbox"/> Part 8 |
| <input type="checkbox"/> Part 4 | <input type="checkbox"/> Part 9 |

Failure to check a box identifying a Part amended hereby may render that amendment ineffective.

Chapter 13 Plan

Part 1: Notices

To Debtor(s): This form sets out options that may be appropriate in some cases, but the presence of an option on the form does not indicate that the option is appropriate in your circumstances. Plans that do not comply with local rules, administrative orders, and judicial rulings may not be confirmable.

In the following notice to creditors, you must check each box that applies. Your failure to check a box that applies renders that provision ineffective.

To Creditors: Your rights may be affected by this plan. Your claim may be reduced, modified, or eliminated.

You should read this plan carefully and discuss it with your attorney, if you have one in this bankruptcy case. If you do not have an attorney, you may wish to consult one.

If you oppose the plan's treatment of your claim or any provision of this plan, you or your attorney must file an objection to confirmation at least 7 days before the confirmation hearing, unless otherwise ordered. The Bankruptcy Court may confirm this plan without further notice if no objection to confirmation is made. See Bankruptcy Rule 3015. In addition, a proper proof of claim must be filed in order to be paid under this plan.

The following matters may be of particular importance to you. Debtor(s) must check each box that applies. Debtor(s)' failure to check a box that applies renders that provision ineffective.

☐ The plan seeks to limit the amount of a secured claim, as set out in Part 3, § 3.2, which may result in a partial payment or no payment at all to the secured creditor.

☐ The plan requests the avoidance of a judicial lien or nonpossessory, nonpurchase-money security interest as set out in Part 3, § 3.4.

☐ The plan sets out nonstandard provision(s) in Part 9.

Part 2: Plan Payments and Length of Plan

2.1 Debtor(s) will make regular payments to the trustee as follows:

\$320.66 per WEEK for 60 months

Debtor(s) shall commence payments within thirty (30) days of the petition date.

2.2 Regular payments to the trustee will be made from future income in the following manner (check all that apply):

- | | |
|-------------------------------------|--|
| <input checked="" type="checkbox"/> | Debtor(s) will make payments pursuant to a payroll deduction. Debtor(s) request a payroll deduction be issued to STAN KOCH AND SON'S TRUCKING |
| <input type="checkbox"/> | Debtor(s) will make payments directly to the trustee. |
| <input checked="" type="checkbox"/> | Other (specify method of payment) JOINT DEBTOR REQUEST A PAYROLL DEDUCTION BE ISSUED TO: |

MCGUFFEY'S IN THE AMOUNT OF 595.50 SEMI MONTHLY**2.3 Income tax refunds and returns. Check one.**

- ☒ Debtor(s) will retain any income tax refunds received during the plan term.
- ☐ Debtor(s) will supply the trustee with a copy of each income tax return filed during the plan term within 14 days of filing the return and will turn over to the trustee income tax refunds received during the plan term, if any.
- ☐ Debtor(s) will treat income refunds as follows:
-
- ☐ Debtor(s) believe they are not required to file income tax returns and do not expect to receive tax refunds during the plan term.

2.4 Additional payment (Check all that apply):

- ☒ **None.** If "None" is checked, the rest of § 2.4 need not be completed or reproduced.

2.5 Adequate Protection Payments

Any adequate protection payments shall be made as part of this plan; see Part 3 or Part 9 for details. The secured creditor must file a proof of claim in order to receive payment. Unless otherwise ordered, adequate protection payments through the trustee shall be made as funds are available after the proof of claim is properly filed.

Part 3: Treatment of Secured Claims**3.1 Maintenance of payments and cure of defaults, if any, on long-term secured debts. Check one.**

- ☐ **None.** If "None" is checked, the rest of § 3.1 need not be completed or reproduced.
- ☒ Debtor(s) or trustee will maintain the current contractual installment payments on the secured claims listed below. These payments will be disbursed either by the trustee or paid directly by Debtor(s), as specified below. Any existing arrearage on a listed claim will be paid in full through disbursements by the trustee. Unless otherwise ordered, the amounts listed on a proof of claim, amended proof of claim, or notice of payment change control over any contrary amounts listed below as to the estimated amount of creditor's total claim, current installment payment, and arrearage.

Name of Creditor	Collateral	Estimated Amount of Creditor's Total Claim	Current Installment Payment (Including Escrow)	Amount of Arrearage (if any)	Months Included in Arrearage	Monthly Fixed Payment on Arrearage	Monthly Fixed Payment to Begin
BAYVIEW LOAN SERVICING	1690 Dunn Road Southside, AL 35907 Etowah County	\$320,121.35	\$1,135.00 Disbursed by: <input checked="" type="checkbox"/> Trustee <input type="checkbox"/> Debtor(s)	\$10,000.00	8	\$166.67	FEB 2018

3.2 Request for valuation of security, claim modification, and hearing on valuation. Check one.

- ☒ **None.** If "None" is checked, the rest of § 3.2 need not be completed or reproduced.

3.3 Secured claims excluded from 11 U.S.C. § 506 and fully secured claims. Check one.

- ☐ **None.** If "None" is checked, the rest of § 3.3 need not be completed or reproduced.
- ☒ The claims listed below:
- were incurred within 910 days before the petition date and secured by a purchase-money security interest in a motor vehicle acquired for the personal use of Debtor(s), or
 - were incurred within 1 year of the petition date and secured by a purchase-money security interest in any other thing of value, or
 - are fully secured.
- These claims will be paid in full under the plan with interest at the rate stated below. These payments will be disbursed by the trustee as specified below. Unless otherwise ordered, the amount stated on a proof of claim or amended proof of claim controls over any contrary amount listed below as to the estimated amount of the creditor's total claim, but the interest rate is controlled

by the plan.

Name of Creditor	Monthly Adequate Protection Payment	Estimated Amount of Creditor's Total Claim	Collateral	Value of Collateral	Interest Rate	Monthly Fixed Payment to Creditor	Monthly Fixed Payment to Begin
M & J AUTO	\$70.00	\$7,000.00	2007 JEEP GRAND CHEROKEE	\$7,000.00	25.00%	\$205.46	CONF
M & J AUTO	\$60.00	\$6,000.00	2009 NISSAN ALTIMA	\$6,000.00	25.00%	\$176.11	CONF
TITLEMAX	\$0.00	\$1,043.00	2001 DODGE RAM	\$1,043.00	11.99%	\$23.20	CONF

3.4 Section 522(f) judicial lien and nonpossessory, nonpurchase-money ("Non-PPM") security interest avoidance. Check all that apply.
☒ **None.** If "None" is checked, the rest of § 3.4 need not be completed or reproduced.

3.5 Surrender of collateral. Check one.

☒ **None.** If "None" is checked, the rest of § 3.5 need not be completed or reproduced.

Part 4: Treatment of Fees and Priority Claims

4.1 General

Trustee's fees will be paid in full. Except as set forth in § 4.5, allowed priority claims also will be paid in full, without interest.

4.2 Chapter 13 case filing fee.

 Check one.

- ☒ Debtor(s) intend to pay the Chapter 13 case filing fee through the plan.
☐ Debtor(s) intend to pay the Chapter 13 case filing fee directly to the Clerk of Court.

4.3 Attorney's fees.

The total fee requested by Debtor(s)' attorney is **\$3,750.00**. The amount of the attorney fee paid prepetition is **\$500.00**. The balance of the fee owed to Debtor(s)' attorney is **\$3,250.00**, payable as follows (check one):

- ☐ \$ at confirmation and \$ per month thereafter until paid in full, or
☒ in accordance with any applicable administrative order regarding fees entered in the division where the case is pending.

4.4 Priority claims other than attorney's fees and domestic support obligations.

 Check one.

- ☐ **None.** If "None" is checked, the rest of § 4.4 need not be completed or reproduced.
☒ The other priority claims are:

Name of Creditor	Estimated amount of claim to be paid	Monthly fixed payment, if any, to creditor	Monthly fixed payment, if any, to begin
STATE OF ALABAMA	\$250.00	\$4.17	CONF

4.5 Domestic support obligations.

 Check one.

☒ **None.** If "None" is checked, the rest of § 4.5 need not be completed or reproduced.

Part 5: Treatment of Nonpriority Unsecured Claims

5.1 Nonpriority unsecured claims not separately classified.

Allowed nonpriority unsecured claims that are not separately classified will be paid pro rata.

5.2 Percentage, Base, or Pot Plan. Check one.

- ☐ 100% Repayment Plan. This plan proposes to pay 100% of each allowed nonpriority unsecured claim.
- ☐ Percentage Plan. This plan proposes to pay _____% of each allowed nonpriority unsecured claim.
- ☐ Pot Plan. This plan proposes to pay \$_____, distributed pro rata to holders of allowed nonpriority unsecured claims.
- ☒ Base Plan. This plan proposes to pay \$ **142,920.00** to the trustee (plus any tax refunds, lawsuit proceeds, or additional payments pursuant to §§ 2.3 and 2.4). Holders of allowed nonpriority unsecured claims will receive the funds remaining, if any, after disbursements have been made to all other creditors provided for in this plan

5.3 Interest on allowed nonpriority unsecured claims not separately classified. Check one.

- ☒ **None.** If "None" is checked, the rest of § 5.3 need not be completed or reproduced.

5.4 Maintenance of payments and cure of any default on long-term nonpriority unsecured claims. Check one.

- ☒ **None.** If "None" is checked, the rest of § 5.4 need not be completed or reproduced.

5.5 Other separately classified nonpriority unsecured claims. Check one.

- ☐ **None.** If "None" is checked, the rest of § 5.5 need not be completed or reproduced.
- ☒ The nonpriority unsecured allowed claims listed below are separately classified and will be treated as follows:

Name of Creditor	Basis for separate classification	Treatment	Amount to be paid on the claim	Interest rate (if applicable)
AD ASTRA RECOVERY SERV		CASH ADVANCE	\$727.00	21.99%
CAPITAL ONE		CREDIT CARD	\$2,527.00	19.99%
CAPITAL ONE		CREDIT CARD	\$1,192.00	19.99%
CASHNET USA		CASH ADVANCE	\$3,960.70	21.99%
CREDIT ONE BANK		CREDIT CARD	\$426.46	24.90%
GADSDEN REGIONAL MEDICAL CENTER		MEDICAL	\$3,073.19	0.00%
LOCKHART MORRIS & MONTGOMERY		MEDICAL	\$1,766.01	0.00%
PRIME HEALTHCARE SERVICES		MEDICAL	\$666.40	0.00%
QUALITY OF LIFE		MEDICAL	\$25.00	0.00%
SOUTHSIDE FAMILY DENISTRY		MEDICAL	\$289.80	0.00%

Part 6: Executory Contracts and Unexpired Leases**6.1 The executory contracts and unexpired leases listed below are assumed, will be treated as specified, and any defaults cured. Check one.**

- ☒ **None.** If "None" is checked, the rest of § 6.1 need not be completed or reproduced.

6.2 The executory contracts and unexpired leases listed below are rejected:**-NONE-****Part 7: Sequence of Payments****7.1 Unless otherwise ordered, the trustee will make the monthly payments required in Parts 3 through 6 in the sequence of payments set forth in the administrative order for the division in which this case is pending.****Part 8: Vesting of Property of the Estate**

Debtor **Timothy Harry Goffe, Sr.**
Linda Marie Goffe

Case number

Eff (12/01/2017)

8.1 Property of the estate will vest in Debtor(s) (check one):

- ☒ Upon plan confirmation.
☐ Upon entry of Discharge

Part 9: Nonstandard Plan Provisions

☒ **None.** If "None" is checked, the rest of Part 9 need not be completed or reproduced.

Part 10: Signatures:

Signature(s) of Debtor(s) required.

Signature(s) of Debtor(s) (required):

X /s/ Timothy Harry Goffe, Sr. Date March 16, 2018
Timothy Harry Goffe, Sr.

X /s/ Linda Marie Goffe Date March 16, 2018
Linda Marie Goffe

Signature of Attorney for Debtor(s):

X /s/ John W. Jennings, Jr. Date March 9, 2018
John W. Jennings, Jr.
111 SOUTH 10TH STREET
Gadsden, AL 35901
256.547.8886

Name/Address/Telephone/Attorney for Debtor(s):

By filing this document, Debtor(s), if not represented by an attorney, or the Attorney for Debtor(s) certifies that the wording and order of the provisions in this Chapter 13 plan are identical to those contained in this district's Local Form, other than any nonstandard provisions included in Part 9.

**United States Bankruptcy Court
Northern District of Alabama**

In re **Timothy Harry Goffe, Sr.
Linda Marie Goffe**

Debtor(s)

Case No. **18-40052**

Chapter **13**

CERTIFICATE OF SERVICE

I hereby certify that I have served a copy of the Amended Plan upon the attached Matrix by placing a copy of the same in the United States Mail, postage prepaid, this 16th day of March 2018.

/s/ John W. Jennings, Jr.

John W. Jennings, Jr.

JENNINGS AND MESSER, P.C.

JENNINGS AND MESSER, P.C.

111 SOUTH 10TH STREET

Gadsden, AL 35901

256.547.8886 Fax: 256.547.8825

john@johnjenningslaw.com

Label Matrix for local noticing
1126-1
Case 18-40052-JJR13
NORTHERN DISTRICT OF ALABAMA
Anniston
Fri Mar 16 09:40:11 CDT 2018

AD ASTRA RECOVERY SERV
7330 W 33RD STREET N
STE 118
Wichita, KS 67205-9370

CAPITAL ONE
P.O. BOX 30281
Salt Lake City, UT 84130-0281

Capital One Bank (USA), N.A.
PO Box 71083
Charlotte, NC 28272-1083

GADSDEN REGIONAL MEDICAL CTR ER SERVICE
WAKEFIELD AND ASSOCIATES
PO BOX 50250
KNOXVILLE, TN 37950-0250

LINDA B. GORE, TRUSTEE
P.O. BOX 1338
Gadsden, AL 35902-1338

PRIME HEALTHCARE SERVICES
P.O. BOX 14000
Belfast, ME 04915-4033

SIROTE AND PERMUTT
P.O. BOX 55727
Birmingham, AL 35255-5727

(p)TMX FINANCE LLC FORMERLY TITLEMAX
15 BULL STREET
SUITE 200
SAVANNAH GA 31401-2686

Linda Marie Goffe
1690 Dunn Road
Southside, AL 35907-9150

PRA Receivables Management, LLC
PO Box 41021
Norfolk, VA 23541-1021

Alabama Department of Revenue
Legal Division
P.O. Box 320001
Montgomery, Alabama 36132-0001

CASHNET USA
200 WEST JACKSON SUITE 1400
Chicago, IL 60606-6929

CashNetUSA
175 W Jackson Blvd
Suite 1000
Chicago, IL 60604-2863

GADSDEN REGIONAL PHYSICIAN GROUP PRACTICE LL
PO BOX 188
BRENTWOOD, TN 37024-0188

LOCKHART MORRIS & MONTGOMERY
1401 N CENTRAL EXPRESSWAY
STE 225
Richardson, TX 75080-4456

QUALITY OF LIFE
P.O. BOX 97
Gadsden, AL 35902-0097

SOUTHSIDE FAMILY DENISTRY
1745 HWY 77
Southside, AL 35907-0169

John W Jennings Jr.
111 South 10th Street
Gadsden, AL 35901-3614

Timothy Harry Goffe Sr.
1690 Dunn Road
Southside, AL 35907-9150

U. S. Bankruptcy Court
1129 Noble Street, Room 117
Anniston, AL 36201-4674

BAYVIEW LOAN SERVICING
4425 PONCE DE LEON BLVD
5TH FLOOR
Miami, FL 33146-1837

CREDIT ONE BANK
P.O. BOX 60500
City Of Industry, CA 91716-0500

GADSDEN REGIONAL MEDICAL CENTER
P.O. BOX 404799
Atlanta, GA 30384-4799

Gadsden Regional Medical Center
c/o PASTI
PO Box 188
Brentwood, TN 37024-0188

M & J AUTO
612 GILBERT FERRY ROAD
Attalla, AL 35954-3333

REGIONS BANK
P O BOX 10063
BIRMINGHAM, AL 35202-0063

STATE OF ALABAMA
DEPT OF REVENUE
50 NORTH RIPLEY STREET
Montgomery, AL 36132-0001

Linda Baker Gore
NON-PAYMENTS: P.O. Box 1338
Gadsden, AL 35902

The preferred mailing address (p) above has been substituted for the following entity/entities as so specified by said entity/entities in a Notice of Address filed pursuant to 11 U.S.C. 342(f) and Fed.R.Bank.P. 2002 (g)(4).

TITLEMAX
931 WEST MEIGHAN BLVD
Gadsden, AL 35901

The following recipients may be/have been bypassed for notice due to an undeliverable (u) or duplicate (d) address.

(u)Bayview Loan Servicing, LLC	(d)PRA Receivables Management, LLC	End of Label Matrix	
	PO Box 41021	Mailable recipients	28
	Norfolk, VA 23541-1021	Bypassed recipients	2
		Total	30